

‘AfricaSan – one year on’ Workshop on CLTS in Africa

9th – 13th March 2009, Sun N Sand Beach Resort, Mombasa

**Jointly hosted by the Institute of Development Studies, (IDS), UK and Plan
Region of East and Southern Africa (RESA)**

*Workshop Report by Petra Bongartz
March 2009*



Plan
Be a part of it.

List of Abbreviations and acronyms

CATS	Community Approaches to CLTS
CLTS	Community-led Total Sanitation
CHW	Community Health Worker
OD	Open defecation
ODF	Open defecation free
IDS	Institute of Development Studies
MoH	Ministry of Health
NGO	Non Governmental Organisation
NL	Natural Leader
NSWG	National Sanitation Working Group
Plan RESA	Region of East and Southern Africa
PRA	Participatory Rural Appraisal
SNV	Netherlands Development Corporation
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WCA	West and Central Africa
WSP	Water and Sanitation Programme (World Bank)

Workshop on CLTS in Africa, 9th – 13th March 2009, Mombasa

Background: AfricaSan+5 February 2008

On the occasion of AfricaSan+5, IDS (Institute of Development Studies) and Plan Region of East and Southern Africa (RESA) jointly hosted a one-day workshop on CLTS, prior to the main conference. This was the first ever opportunity for regional sharing of experience with CLTS across so many African countries and different organisations. African participants came from Burkina Faso, Ethiopia, Ghana, Kenya, Malawi, Mali, Nigeria, South Africa, Tanzania and Uganda and were joined by a small group of non-African nationals from India, the UK and the US. Participants came from a range of organisations, and included practitioners, NGO and INGO staff, government ministers, World Bank and UN representatives. See <http://www.communityledtotalsanitation.org/story/africasan-2nd-african-conference-sanitation-and-hygiene> for a detailed report of this workshop

AfricaSan- one year on: Workshop on CLTS in Africa (9-13th March 2009)

In order to maintain the momentum of CLTS in Africa and to take stock of what has happened in the year since AfricaSan+5, IDS and Plan decided to hold an event to follow up on the Durban workshop. The workshop was another opportunity to share experiences with CLTS in different African countries, especially given that a lot of developments had been taking place in the last year, with new countries starting to implement CLTS and others, such as Kenya, Zambia and Ethiopia making remarkable progress. Over 45 participants from 10 African countries and many different organisations including NGO, government and UN agencies, gathered to reflect on recent developments, successes, challenges and opportunities and to learn from each other. For a detailed list of participants, see Annex 1. The 5 day meeting included discussions on ways forward and participants put together action plans for each country. The event also provided a good opportunity to network and forge linkages between

different actors to ensure that the momentum that is driving CLTS in Africa is carried forward.

Schedule for the week

Monday	Welcome, Introductions, Expectations, Background/context: Petra Bongartz (IDS) Amsalu Negussie (Plan RESA), Sophie Hickling (UNICEF) Country sharing
Tuesday	Country sharing continued Government experiences in Kilifi Film: BBC/TVE Earth Report Bangladesh Emerging Issues: groups and plenary
Wednesday	Emerging issues <i>continued</i> Planning for field visits Afternoon: free time
Thursday	Field visits to villages in Kilifi and Kwale
Friday	Feedback and reflections on field visits Ways forward, country action plans Final reflections and thanks

The workshop was opened by Sammy Musyoki, Jacqueline Jumbe and Salim Mvurya, Area Manager of Plan Kilifi, Kenya who expressed their excitement about the opportunities that the workshop offered in terms of learning from each other. Robert Chambers reinforced this by emphasising that we had arrived at a fantastic moment of opportunity. He reflected that it had just been two years since the first CLTS trainings in Ethiopia and Tanzania had taken place and that a lot of spread had taken place since, and that therefore, there were a lot of lessons to learn from Africa, but also from Asia. He encouraged participants to make the most of the experiences and ideas represented by the diversity of participants in the room.

Background and aims

- Take stock
- Reflect on recent developments, challenges and opportunities
- Learn from each other
- Identify ways forward
- Forge linkages
- Sustain momentum

INTRODUCTIONS AND EXPECTATIONS

After a quick overview of the objectives of the workshop and the agenda for the week, participants introduced themselves through a number of exercises, stating their name, country, organisation, professional background and CLTS experience. To fine tune the agenda for the workshop, participants then shared their expectations based on the following questions: What are your key concerns/issues? What do you hope to contribute or share? What do you hope to learn? What next beyond this workshop?

<p>Key concerns</p> <ul style="list-style-type: none"> • Monitoring & follow up (frameworks, documentation of impact, etc) • Quality assurance (of facilitation, training etc) • Sustainability of ODF, beyond ODF status, • Environmental & technology issues, eg different terrains, high water table etc • Costs, how to attract investment • Government buy in, prioritisation, political will, government agenda of speed vs quality • Coordination of all of the efforts, nationally, regionally, internationally • Pastoral communities • Mainstreaming CLTS, integration with other approaches • Communication • Sense of what CLTS really means, definition • CLTS in schools 	<p>Hope to learn</p> <ul style="list-style-type: none"> • CLTS in the context of different cultures & countries • African CLTS overview • Sanitation marketing & CLTS • How to sustain in sandy soil • How to communicate the passion • Facilitation Skills • CLTS in rural areas • CLTS in pastoral communities • CLTS in urban slums • Best practice & successes • Strategies to sustain good sanitation & hygiene after triggering • CLTS in communities with high poverty levels • Scaling up with quality • Cultural norms & CLTS • How to get government buy in?
<p>Contributions and sharing</p> <ul style="list-style-type: none"> • Challenges • Policy on sanitation & hygiene • CLTS process • Training experience • Challenges in urban areas • Efforts in implementing CLTS • How to link CLTS with other approaches • Lessons from Asia • Joint action forum for WASH 	<p>Beyond the workshop</p> <ul style="list-style-type: none"> • Networking • Policy • Training • Materials • Resource mobilisation • Momentum • Action Plans • CLTS in urban areas • Research & assessments

SETTING THE CONTEXT

In order to establish the context for the workshop, IDS, Plan RESA and UNICEF presented an overview of their work on CLTS so far.

Petra Bongartz from the Institute of Development Studies (IDS) introduced the DFID funded research, action learning and networking project that IDS has been involved in over the last three years and explained that Robert Chambers, Kamal Kar and herself

were now engaged in a one year Irish Aid funded action learning and Networking project *Sharing Lessons, Improving Practice: Maximising the Potential of CLTS*, of which this workshop formed the first major event.

Petra then presented an overview of IDS's networking and communication activities which included the establishment and maintenance of the CLTS network, the CLTS website, the CLTS mailing list, Sharing and Learning workshops at major conferences and the dissemination of publications. All networking activities aim to encourage sharing and learning for the improvement of practice and policy around CLTS, as well as facilitating useful linkages between key stakeholders. Petra presented information on the new CLTS website www.communityledtotalsanitation.org and encouraged participants to contribute for the site. The site acts as an up-to-date virtual resource centre on CLTS as well as a space for sharing and learning on CLTS across organisations, countries and sectors. It is a site 'by the people for the people', with contributions from practitioners, researchers, etc around the world. The site constitutes the major hub for networking on CLTS and encourages debate around key aspects of the approach. Linked to the website, the CLTS mailing list serves to update contacts on recent additions to the site, as well as news, events and other information related to CLTS. Another activity carried out in the area of networking have been the *One Day Sharing and Learning Workshops on CLTS* that IDS has hosted at major conferences such as SACOSAN II and III and AfricaSan+5. See also powerpoint presentation at <http://www.slideshare.net/secret/29VAcRjCEBCYa2>

Amsalu Negussie, Regional Water and Sanitation Advisor of Plan RESA gave a short history of CLTS in RESA. CLTS had first been introduced at two trainings by Kamal Kar in Tanzania and Ethiopia in February 2007 with the aim of training two people from each of the RESA countries represented there. The participants were WASH staff and frontline staff from each country, plus partners, governments and NGOs from the two hosting countries. The objective of the two trainings was to identify resource persons at regional level and create a critical mass of facilitators. Two additional trainings took place in 2008 in Kenya and Zambia and a regional training on improving the communication strategy for CLTS also took place.

As part of Plan RESA's efforts to mobilise political will, every regional training included a day when communities presented their action plans to policy makers. Some countries, notably Ethiopia and Kenya, also organised a visit for Robert Chambers and Kamal Kar to meet policy makers and discuss CLTS. The CLTS workshop organised by Plan/IDS as part of AfricaSan in February 2008 also helped to mobilise political will.

Collaboration and strategic alliances with other organisations have been key to Plan RESA's work on CLTS in Africa. Plan and UNICEF jointly organised a regional training, shared lists of resource persons, and encouraged their country offices to work together in Kenya, Ethiopia and Malawi. In Tanzania, Plan is in discussion with WSP, particular in regard to strategic alliances between CLTS and sanitation marketing. Plan RESA and IDS have an established informal partnership, comprising joint workshops, visits and discussions, with the possibility of collaboration in the Pan Africa CLTS programme currently awaiting approval from the Dutch Government. This proposal also includes IRC as a partner. Plan RESA currently has DFID funds for Tanzania, Kenya, Ethiopia and Zambia, and is also hoping to receive money from AusAid and the Dutch Government in the near future.

Challenges faced by Plan RESA include:

- Sustaining political will
- Individual interest and will is not supported by institutions (institutionalisation)
- Difficulty to create regional and country resource persons
- CLTS is not reflected in the normal budget , depends on outside resources
- African Institutions have not yet emerged as leaders
- Conceptual difference of WSP/WB San Mark and CLTS – needs working on, clarifying
- Standardise verification of ODF, the CLTS training etc

Sophie Hickling, from the UNICEF East and Southern Africa Office explained that at the end of 2007, UNICEF had begun to look for new ways of improving the sanitation coverage in East and Southern Africa, which is one of the worst regions in the world when it comes to sanitation. A number of regional meetings of partners interested in sanitation took place to establish who was doing what and whether CLTS might be an approach that could work in the region. As there was not yet enough capacity in CLTS in the region, Kamal Kar was brought in to do trainings in different countries. Moreover, regional training institutes were invited to slowly build up their own capacity. UNICEF piloted CLTS in Zambia, Malawi, Ethiopia and Kenya and collaborated with Plan on regional trainings.

In mid- 2008, using the experiences from the region so far, a meeting of sanitation specialists took place at the UNICEF headquarters in NY, with the aim of globally defining UNICEF's community approach to total sanitation. The outcome of the meeting was a document on the key principles of CATS (Community Approaches to Sanitation), an umbrella term for a number of approaches that UNICEF supports and is committed to and in which CLTS is included. In late 2008, UNICEF started CLTS in Mozambique, Madagascar and Burundi started in late 2008. In all of these countries, there are many different ways in which CLTS has been introduced and is being implemented. For example, in some countries, there are trials in one pilot district, in others, CLTS is started at scale across the whole country straight away.

UNICEF is engaged in country and regional level partnerships with Plan, WSP and training resource centres like CREPA and NETWAS.

Key issues for UNICEF include

- Quality of facilitation and follow up
- Scale up, policy, how to get political buy in
- Sharing lessons, creating formal and informal networks
- Country typologies, eg high and low levels of ODF, high and low levels of improved sanitation coverage – how can these countries network and learn from each other
- Sustainability and what happens next, supply side etc

The presentations provided a good starting point for discussion. One of the questions that arose was the issue of training of regional training organisations and how solid and reliable these are. Are there any training bodies in Africa that we can use instead of Kamal Kar? Sophie Hickling explained that there is a list of people at different regional training institutes who have been trained, some by Kamal Kar, others with Plan etc. It seemed like some progress was being made in building capacity in the region.

Ada Oko Williams added that in West Africa, WaterAid and UNICEF are also training regional training institutes like CREPA and hope that CREPA will support francophone West African countries.

There was some debate about whether regional training institutes like CREPA and NETWAS were in a position to take CLTS training forward. Unfortunately, so far they have not taken leadership, and it was argued that we cannot push them but that they would have to naturally come forward like the Natural Leaders at community level. Some felt that the training institutions should see this as a business opportunity but others pointed out that this may mean that they take this on without the required passion, commitment and understanding.

Good feedback was given on the CLTS website which was seen as a valuable source of information that people regularly use and find helpful.

Sammy Musyoki pointed to the challenge of making staff available for trainings and the question of how to manage the resources we have to meet the need.

The discussion also touched on ODF verification and what to include in this. Is there a common checklist that could be used? It was also suggested that even before ODF, there could be remarkable progress and successes. When we talk only about ODF and look at the number of ODF villages, this is still low but this does not mean that the triggered villages have not done a lot. It was also acknowledged that 100% ODF may not be possible, as there will always be some, eg passers-by, drunk people etc that will defecate in the open at some point. It was felt that there is a need to agree on what we are verifying for ODF. Linked to this, participants asked about what strategies can be put in place to ensure ODF remains.

COUNTRY EXPERIENCES

Participants divided into groups according to their country to prepare an overview of each country's CLTS experience for sharing. Participants were asked to consider the following aspects for their presentation:

- How CLTS was introduced
- Time line of key events and processes
- Key organisations and players
- Present position- where you now?
 - Success/progress
 - Challenges for future
- Responding to challenges

MOZAMBIQUE

See also powerpoint presentation <http://www.slideshare.net/secret/ypT6l635iyYBeN>

How was CLTS introduced/ timeline

- Started in June 2008, CLTS introduced and gave results in 6 months
- Recruitment of 2 international WASH experts
- Design of a new sanitation strategy for the programme
- 6 government, UNICEF and Plan staff trained in CLTS in Zambia
- Pilot of CATS approved by the Minister of Public Works
- In-country CLTS training of trainers by Kamal Kar
- 1 month triggering by NGO partners in 180 communities in 17 districts
- Multi-sectoral evaluation- 2 weeks
- Awards ceremony
- National Sanitation and Hygiene promotion campaign launched by the president of Mozambique on 1st March 2009

Key organisations.players

- UNICEF
- Government of Mozambique, Ministry of Public Works and Housing, Ministry of health, Ministry of Education
- NGOs: World Vision International, SNV, LWF, WSP and other local NGOs
- Social Mobilisation companies

Present position

Success

- Training of Trainers for 74 people
- 34 villages ODF (26000 people) in 2 months
- 1st award ceremony held, 27th February 2009, during which the Minister of Public Works personally awarded community leaders and local authorities
- High media coverage

Challenges

- Quality of CLTS facilitation

Responding to issues raised

Verification of ODF villages: Multisectoral teams established

- 3 multisectoral teams evaluated 159 communities in 2 weeks
- Methodology: Health education and water provincial gov plus independent experts (WSP, UNICEF, SNV, Oxfam)
- Evaluation was based on a sample of 10% of the households in each community
- Interviews and observation were used
- Indicators for the evaluation
 - 100% of households have latrines
 - 100% latrines are in use
 - No faeces in the environment

During the question and answer session, questions arose about the timing of the evaluation- this can be crucial as latrines may collapse in the rainy season and thus

different results would emerge afterwards. The Mozambique team affirmed that the evaluation had taken place in December 2008, during the dry period, and that it remained to be seen if and how many latrines are still in place after the rainy season. There was also a question about how representative the sample of 10 % of the community used during the evaluation is? The Mozambique team explained that 10% of households are interviewed but that the whole village is checked for OD.

Americo, Rostina and Juvencio explained that the approach taken in Mozambique combines CLTS and Sanitation awards to achieve ODF villages. The awards system is intended as an incentive for traditional leaders and politicians to work with the NGOs on sanitation as they normally just pay lip service to this work but then quickly neglect sanitation issues. The idea is that sanitation awards create a competition among communities and among districts and help to put sanitation firmly on the agenda of local politicians. The scheme involves rewards for districts, administrative posts, traditional leaders and communities and can take the form of computers, photocopiers (at district level), mobile phones (administrators), bicycles (traditional leaders) and water pumps or hygiene kits (at community level).

The presentation triggered a heated debate about incentives, motivation and whether this approach qualifies as CLTS. Participants questioned how it would be possible to find out what has really motivated people- the issue of sanitation or the awards/rewards- and argued that with true CLTS, communities are motivated to change their behavior because of their strong emotions and a feeling of self-respect. If triggered properly, there should not be any need for rewards or such incentives. Leaders who are motivated by awards may coerce people to build latrines or participate in activities so that they can obtain the reward. Another question was how sustainable a system like this could be and what would happen to other NGOs working on sanitation, who do not have the resources to offer these kinds of awards. In a way, this would create the same situation and challenges that CLTS was facing in areas where subsidy is still being used by other NGOs working in the same location.

WEST AFRICA

Introduced

- 2004 Nigeria (WaterAid)
- 2006-7 Burkina Faso, Mali, Ghana trained by Nigeria
- 2008 (Feb) Kamal Kar training in Sierra Leone
- 2008 (Nov) All francophone WCA
- 2009 (March) All Anglophone WCA in Nigeria

Timeline (since 2008)

Sierra Leone

- Big triggering and strides ahead
- Feb 08: National CLTS workshop
- Sept 08: Water and Sanitation policy includes CLTS
- Dec 08: CLTS in all 13 district health plans and national coordinators appointed
- National consortium on behaviour change
- Political will mobilised
- 192 councillors and Village Development Committees (VDCs)

Burkina Faso

Feb 09: ToT with Zakir Hassein

Mali

- March 09 ToT with KK

Nigeria

April 08: ToT with Zakir Hassein, national and regional

2008 Regional Learning Centre

2008 Research/evaluation on sustainability and equity (WaterAid Nigeria, WaterAid West Africa)

Jan 09: Community of Practice CLTS

West Africa

Aug 08: Research on leveraging and social dynamics for CLTS in Nigeria, Mali, Ghana and Burkina Faso

Key Players

- WaterAid
- UNICEF
- Plan
- government
- CREPA

Success

- Working partnerships
- Government-led coordination in Sierra Leone and buy-in in Nigeria
- National Coordination bodies and action plans

Challenges

- Training, training, training... (regional capacity)
- Subsidy
- Moving up the sanitation ladder
- Monitoring progress

ZAMBIA

See also powerpoint presentation at <http://www.slideshare.net/secret/y9P4v3Ov3vq2Bg>

Introduction

CLTS was introduced in October 2007 when a national training of 32 participants from government and NGOs received training. The training was done in Lusaka and triggering took place in Choma district, 285 km south of the capital. It started with 6 villages in Singani chiefdom and later expanded to another 6 villages in Macha chiefdom so that there were 12 villages in the initial phase.

Timeline

Oct/Nov 2007: CLTS national training, triggering in 6 villages

- Mid Nov 2007: expanded CLTS to six more villages in Chief Macha chiefdom
- Dec 07: Evaluation of CLTS in 12 villages
- Jan 08: trained 52 CLTS facilitators and expanded CLTS to 12 villages in Chief Mapanza chiefdom
- Feb 08: evaluation of CLTS in 12 villages in Chief Mapanza chiefdom, CLTS trigger in 12 villages Chief Moyo chiefdom and CLTS trigger in 12 villages in Chief Hamaundu chiefdom
- March 08: 517 villages out of 817 triggered
- April 2008: 402 out of 517 triggered villages became ODF
- May 08: National CLTS Media awareness training
- Feb 09: Introduction of urban focused CLTS

Organisations involved

- UNICEF
- MLGH (NRWSS)
- MoH
- Africare
- Plan Zambia
- Traditional leaders (chiefs, headmen) and civic leaders (councillors)
- The media (ZANIS, Sky FM)

Success and Progress

- 517 villages triggered (63.3 %)
- 402 villages ODF within 11 months
- Sanitation coverage increased from 0 to 100% in some villages
- Overall coverage has risen from 38% to 93%
- Approximately 90,000 people have access to sanitation
- Effective legal enforcement on urban sanitation: prisons receive kwacha 78,000,000 within 5 days (US\$15000), street vending abolished, insanitary nursing school closed and prosecuted

Challenges

- Collapsing latrines due to nonconsolidated soil in some areas
- Limited financial resources for CLTS expansion
- Local government standards on latrines vis-à-vis community latrine designs
- CLTS facing a threat from subsidy providers who create dependency syndrome

Way Forward

- Tree planting
- Urban focusing
- Institutional shift and legal provisions
- Multisectoral mobilisation
- ODF district goal

UGANDA

How CLTS was introduced

Plan Uganda attended the first CLTS training in Ethiopia and Tanzania in February 2007. In September 2007, a training of trainers took place with local government, communities, NGOs Plan (Kenya), volunteers (VHT), NETWAS, (Luweero, Kamuli, Tororo). Advocacy was done at district level and cascade trainings were organised in Kamuli, Luweero, Tororo, Namutumba, Amuria by NETWAS (Uganda), Plan Uganda and WSP (Uganda).

Time line (October 2007 to date)

- Nov 07: NETWAS on behalf of NSWG organised (National Sanitation Working Group) a sanitation learning event funded by UNICEF, attended by members of the national sanitation working group, local governments, communities in Tororo.
- Dec 08: Organised learning on CLTS to Kamuli
- Initiated linkage with sanitation marketing in Tororo and Namutumba
- At national level, sharing during the Joint sector review 2007, documentation in the sector performance report
- CLTS implementation included in AfricaSan action plan in Feb 08
- CLTS has been included in the ISH (National Improved Sanitation and Hygiene strategy)

Key organisations

- Plan
- Local government
- UNICEF Kilgum and Amuria
- WaterAid Mpigi
- NSWG (National Sanitation Working Group)
- SNV (Netherlands Development Corporation)
- WSP
- NETWAS (Network for Water and Sanitation)

Success and progress

- Advocacy of different levels has increased interest among donors, districts, NGOs, individuals
- Increased demand for knowledge and skills development in CLTS
- Trained and passionate facilitators, trainers of CLTS (F=.20, T=10)
- ODF villages: 12 in Plan programme areas, plus others in other districts
- NSWG provides a platform for sharing, learning and scaling up from national level-> communities
- Linkages with training institutions capacity builders eg NETWAS, SNV, Technical support units

Challenges

- Documentation of CLTS experiences
- Lack of funds for facilitators follow up
- Maintaining the quality of facilitation
- Linking the approach with other approaches
- Lack of buy in from important institutions like government
- Personnel- needs committed staff but these are few and often otherwise committed

Way Forward

- Training of trainers for all regions (TSUs, NGOs, line ministries)
- Documentation of CLTS experience in Kamuli and other districts
- Mobilisation of resources
- Integration with other approaches
- Develop a national training guide
- Strengthen the network and information sharing

TANZANIA

CLTS was introduced in Tanzania in February 2007 during the training done by Kamal Kar. Plan staff from 6 Programme Units (PUs) attended and triggering took place in 10 villages in two PUs. This was complemented by advocacy activities with the government (Ministry of Health and Ministry of Water) as well as NGOs.

Timeline of key events

- Forming district teams July to Dec 07
- Triggering Jan 08- ongoing
- Participation in World Toilet Day Nov 08
- Formation of team of judges Dec 08
- Deadline for evaluation of Pilot June 2009

Key Players

- Local government health officers
- Ward/village government

Present position

- Triggering ongoing
- Improvement 12.6 % to 61%
- Competition for ODF/incentives

Success/progress

- Improvement 12.6 % to 61%
- Participation in World Toilet Day Exhibition

Challenges

- Getting government buy-in
- Sustainability/remaining ODF
- Sustainability of incentives

ETHIOPIA

Timeline

- First introduced in 2006 by WaterAid in Arba Minch but did not take off
- CLTS again introduced in Feb 07 by Kamal Kar who facilitated the ToT for Plan staff, government, NGO and INGOs
- March 2007 CLTS introduced in Shebedino district (14 communities)
- June 2007 Fura communities declared /certified as ODF
- September 2007 CLTS expanded to Amhara region (Achefer district) by the government and World Bank (WSP)
- July 2008 CLTS introduced in Jimma (Plan Programme Unit) in 2 districts
- November 2008 introduced in Lalibela PU (2 district)
- September 08: CLTS introduced in Tigray region by UNICEF
- October 2008: two communities declared ODF in Jimma PU (in two districts)
- December 2008: 1 community certified for ODF (Sedeka)

Key Players

- Plan Ethiopia
- UNICEF
- Government (National and local)
- Communities

Successes/Progress

- 263 facilitators trained on CLTS ToT (HEW, DA, teachers, health expenses, water experts, INGO staff, Plan, CDFs)
- 319 villages triggered
- 241 villages verified for ODF
- 81 villages certified/declared ODF

ODF villages

District/community	Number of households	population
Shebedino		
• Fura	1265	6250
• Sedeka	1245	6225
Jimma		
• Busa	1082	6671
• Merewo	852	54371
Total	4444	23517

- Sanitation coverage improvement from 35% to 100% (in these districts?)
- Sanitation ladder
- Plan Ethiopia PU became learning site- many organisations visited ODF community, eg UNICEF, SNVm, WVE, government officials etc
- Urban/ slum area
- School sanitation

Challenges for the future

- Unable to meet the requests from many organisations for CLTS training facilitation by Plan Ethiopia
- Lack of uniformity among government officials in political commitment for CLTS
- Delay in having institutional scaling up strategy in place (inside Plan)

KENYA

Background/introduction

Four Plan staff attended Kamal Kar's trainings in Tanzania and Ethiopia in February 2007. The trained staff then sensitised the Plan Kenya Country Management Team in April 2007. On agreement of the Management Team, Plan then sensitised staff in the 3 Development Areas (DAs): Homa Bay, Kilifi, Machakos in May/June 2007. Hands-on training was undertaken in July/August 07 in 3 DAs and 3 villages were triggered, one in each DA. The first ODF village (Jaribuni) was celebrated on 19th November 2007 (World Toilet Day). The event was used as a demonstration to multiple stakeholders, most importantly the District Health Management Team (DHMT) and the Ministry of Public Housing and Sanitation from Kilifi district. There was also widespread media coverage. Subsequently, Plan partners were trained in Kisumu, Bondo and Homa Bay Development Areas in November/December 2007. This involved triggering in 20 villages. In May 2008, a training of Ministry of Public Health and Sanitation staff took place in Kilifi, with 50 participants. 5 villages were triggered and an action plan for 287 villages was devised. In July 2008, Plan and UNICEF jointly hosted a RESA CLTS training for about 60 participants, including the Assistant Minister of Health. 8 villages were triggered. In August 2008, an ODF verification exercise took place in 26 villages in Siaya district. In October 2008, on the initiative of Plan, UNICEF and the Ministry of Public Health and Sanitation, a CLTS training took place in Kisumu. 60 people attended and 8 villages were triggered.

On World Toilet Day, 19th November 2008, a CLTS training took place for Kwale, Msambweni and Kinango district. 34 participants attended, the Ministry of Public Housing and Sanitation (MoPHS) triggered 10 villages in collaboration with the Aga Khan Foundation. A number of radio talk shows (Pwani, Baraka and KBC) and the 'Good morning Kenya' TV Show and KBC nationwide covered the occasion. The actual World Toilet Day celebration took place at Ngamani village to mark their attainment of ODF status. One village (Katsemerini in Kilifi) organised and funded their ODF celebration without external support. They also integrated nutrition, and other child health issues into their activities. Government of Kenya and NGO representatives attended the celebrations.

Successes and progress

- Increased awareness and demand for CLTS training and implementation
- Increased networking, buy-in and collaboration among partners to promote and scale up CLTS
- 24 villages already verified ODF, over 200 villages triggered
- Over 450 participants from institutions and 150 community level facilitators trained
- Emerging natural leaders within organisations and communities
- Introduction. Awareness creation of CLTS to ESKH working group forum in Sept 08
- Sensitisation of WESCORD members (World Vision International has mainstreamed CLTS in their 3 year programme plan effective Jan 09)

Challenges

- Weak follow up, M&E and documentation of progress and outcomes- resources, staffing, ownership
- Inadequate or lack of data to link ODF with health outcomes
- Susceptibility of sub soil collapsing (toilets collapsing)
- CLTS not yet well developed for implementation in urban areas
- Entrenched subsidy mentality among communities and implementing agencies
- Some stakeholders still believe that a latrine must be done according to some recommended 'expert' technological specifications

Opportunities/actions

- There is a need to organise national stakeholder forum to promote by in by others
- Follow up M&E through existing MPHS systems and innovating PM&E for CLTS
- Link CLTS with the implementation of the community strategy by the MOPHS
- Verification check list and ODF celebrations to be community-led and supported
- Encourage looking at a sanitation and ?? package and not just toilets

KENYA continued

Key organisations/players

- Plan
- UNICEF
- Aga Khan Foundation
- Ministry of Public Health and Sanitation
- Ministry of Water and Irrigation
- Ministry of local government
- World Vision
- NETWAS
- Oxfam
- KWAHO

MALAWI

See also powerpoint presentation at <http://www.slideshare.net/secret/EEYqVSJlsRab9n>

CLTS was introduced in Mzimba district through the Ministry of Irrigation and Water Development (MIWD) and Plan. CLTS was then introduced to stakeholders in April 2008 by UNICEF.

Timeline

- CLTS introduced at district assembly in Nov 07
- Stakeholder meeting organised by UNICEF (April 2008)
- Training of government extension workers (210) in June and November
- District assembly meeting on CLTS road map (June 2008)
- Sharing experiences on CLTS during Sanitation and Hygiene TWG (August 2008)
- 3rd December 2008 Government of Malawi launches the SWAp for Water and Sanitation and adopts CLTS (JSR)
- CLTS workshop Sun N Sand Mombasa (March 2009)

Sanitation and Hygiene Undertaking

- Target areas where sanitation coverage is low (11% of the population still practicing OD)
- Goal: Number of open defecation societies reduced from 11% (2007) to 5.5% by 2011

Key organisations/players

- Government of Malawi
- Plan
- UNICEF

Present position

- CLTS officially adopted by GoM
- A total of 35 villages have been triggered, 7 villages declared ODF
- Developed road map for Scaling Up CLTS in Malawi under development by GoM

Challenges

- Financial resources
- Scaling up CLTS with quality
- Lack of a clear communication strategy on CLTS
- Institutional capacity and facilitation training on CLTS (as now a lot of demand)
- Creating a platform for CLTS advocacy
- Sustaining sanitation facilities or ODF status

Some of the countries represented at the workshop are in the very early stages or have not actually started implementing CLTS but are interested in introducing the approach. These countries presented more generally on the present sanitation situation.

RWANDA

See also powerpoint presentation at <http://www.slideshare.net/secret/JajWvw6Uyonwxh>
Rwanda is still in the pre-stages of CLTS with a number of organisations (UNICEF, WSP, SNV) interested in CLTS but not yet using it. There is a quest for one organisation to take the lead. Some aspects of CLTS can already be found in other approaches on sanitation and hygiene (PHAST, HAMS, etc)

Timeline

- Participation in AfricaSan+5 2008
- Development of sanitation strategic plan (national) 2008. Including ODF

Key organisations/players

- Government of Rwanda
- Central: Ministry in Charge of Water and Sanitation, Ministry of Health, Ministry of Education
- Local government: Districts, Sectors, Cells and Villages
- International organisation (WSP/WB, ADB, GTZ, BTC ...)
- NGOs (UNICEF, SNV, CARE, Local NGOs, ...)
- Academic institutions
- Media (Health Unlimited)

Present position

- 84% of the population have access to latrines (standard hygienic conditions?)
- National target (EDPRS, Vision 2020) 100% with 2015.
- Decentralisation for good governance also applied in sanitation, all partners are asked to act at the lowest level
- Strong political will
 - Urban: Legal enforcement (plastic bag ban, cleanness in public places)
 - Rural: Contract of performance from the village themselves (commitment)
- Joint action forum in all districts (platform of all key players in a specific sector to harmonize approaches, develop a district action plan, avoid overlapping)
- PHAST and HAMS committees in place and trained but lack of monitoring mechanism of their activities.

Challenges

- Conflicting approaches
- Institutionalisation of CLTS in Gov, NGOs
- Broad awareness (whole country)
- Monitoring and evaluating impact

ERITREA

See also powerpoint presentation at <http://www.slideshare.net/secret/okN1VOBKNgKjwf>

Introduction of CLTS

- National Rural Sanitation policy drafted and adopted CLTS as an approach.
- ToT training was given by international consultant in December 2007.
- Pilot CLTS project started in 2 villages of Maekel region.
- Health promoters were trained in these two villages in January 2008.
- One health promoter was responsible for 20 HH.
- CLTS Advocacy workshop in the regions was carried out from July 2008 – February 2009.
- CLTS training at sub-regional level (in 38 out of 52) was finished.
- Community triggering in 20 villages was done.

Key players

- Ministry of Health
- Local government
- Ministry of Education
- UNICEF

Challenges

- Soil formation in the regions
- Climatic condition of the regions
- Shortage of locally available materials and termites.
- Responding to the demand created

Future plans

- In 2009, 45 villages will declare ODF status.
- There is a plan to scale up the CLTS villages to 200.
- To keep the momentum of sanitation and hygiene beyond the ODF.
- Empowering local artisans especially women to develop technology options.

Local experience in Scaling Up CLTS in Kilifi See also powerpoint presentation at <http://www.slideshare.net/secret/16QfnB8G3EBo6v>

As the workshop was taking place in Kilifi, *Dr Tsofa, District Medical Officer of Health in Kilifi* gave an overview of CLTS activities in the district. This also set the scene for the field visits later on in the week.

Kilifi is one of 13 districts in Coast Province and has a population of about 450,000 people living in about 500 villages. In Kenya as a whole, latrine coverage is very low (46%) and in Coastal Province the coverage lies at 51%, with wide variations between different districts. Pit latrine coverage in Kilifi is low, standing at 33% with a 46 % access. 75% of water sampled in 2007 from different sources contained E-coli which indicates direct faecal contamination. There is high prevalence of sanitation related disease in the district.

Dr Tsofa explained that several other strategies, including the use of the Public Health Act, the Chiefs Act, the PHAST methodology and PHC demonstration, had been used with little success at improving sanitation at community level in many parts of the district. This failure had led to the search for alternative models .

Even though poverty levels are high in the district, every family builds a house, a kitchen, store and shade for animals, so the question was, why not a latrine?

CLTS was piloted in Jaribuni village, Ganze division in July 2007, as a collaborative effort between MoH, Plan Kilifi and the community. At the time of triggering, the village had 45 homesteads, with only 3 pit latrines, and most villagers practiced open defecation. After the triggering session, Jaribuni village finally celebrated open defecation free status on the 19th November 2007. By then 42 pit latrines had been constructed and were in use. The latrines, ranging widely in design, were constructed by the communities themselves without any subsidies.

Lessons learned in Jaribuni provided a platform for district-wide scale up activities. In May 2008, the DHMT, all PHOs and PHTs and some Plan Kilifi staff were trained in CLTS with support and facilitation from Plan Kilifi and Plan Kenya.

Subsequently, mass triggering sessions were carried out in different villages all across the district. Dr Tsofa described what he called an 'out of control' spill over effect from the triggered communities into neighbouring villages, including to villages where Plan does not work. Due to the spontaneity and speed with which this was happening, it was difficult to keep track of how many villages had been triggered and/or achieved ODF. CLTS is 'spreading like bushfire'.

In July 2008, Kilifi hosted the Plan RESA training for CLTS facilitated by Kamal Kar. This provided the Kilifi team with the opportunity to interact with different CLTS champions and to exchange of ideas.

Among the achievements in Kilifi are 46 triggered villages and a rise in latrines constructed and used from 386 to 3590, with another 871 latrines currently under construction. Two villages (Ngamani and Katsemini) have conducted ODF status celebration. Ngamani village in Vitengeni division was the venue for last year's World Toilet Day celebration. It was triggered through spill over effect from the neighbouring Kahingoni village. At the time of triggering, in July 2008, only 6 out of 35 homesteads has latrines. 29 latrines were constructed and in use by the end of October 2008. The whole process was led by two Community Health Workers in the village. Katesemerini village celebrated ODF in conducted March 2009. The celebrations were entirely organised by the villagers themselves. The village also went beyond sanitation, integrating other community primary health issues into their activities. No NGO or government workers were involved in the process.

Please refer to the powerpoint presentation for a detailed breakdown of numbers of villages triggered in different divisions, and number and status of latrines constructed.

Dr Tsofa reflected on the success of CLTS in Kilifi, saying that one of the strengths had been the stewardship from top District Health Management Team members. Trained public health staff has taken up CLTS with a lot of enthusiasm and it has also been well received by local leaders and administrations. Good cooperation and partnership with local stakeholders have been key. The communities themselves have also been receptive and very active in their engagement with the process.

However, there are also a number of challenges that have arisen, for example the hard rocky soil in the coastal areas and the high water table. In other parts, the soil is very

loose, making it difficult to construct latrines that do not collapse. At the level of resources, there has been a shortage of public health staff and sometimes, competing demands on their time has led to minimal post triggering support and supervision. Another issue that still needs to be grappled with is how to proceed with urban communities in Kilifi and Mtwapa towns. The rapid spontaneous spread that has been occurring is also a double edged sword as it is very difficult to monitor progress. Most importantly, the recent drought and hunger in the district is posing major challenges to most programmes, CLTS included.

Dr Tsofa finished his presentation with some of the lessons learned which included

- Communities should always take a role,
- Start small for easy tracking and monitoring
- No blueprint design (only people's designs, not engineers)
- Facilitate don't provide (zero subsidies)
- Get buy in for CLTS from higher level in the ministry and explore the possibility of entrenching it in the existing community health strategy

He concluded by saying that Kilifi is determined to declare the first ODF district in Kenya and in the region.

Workshop participants responded well to the inspiring and enthusiastic presentation and were keen to learn more about the processes and challenges. Questions concerned the motivation for change – was it disgust, shame, embarrassment, peer pressure? Did Natural Leaders play a strong role in taking CLTS forward in Kilifi? Dr Tsofa affirmed the important role that the latter had played, saying that they are 'better experts than we are. In his view, shame and disgust were the principal motivators for communities' behaviour change.

Responding to questions about strategies for sustainability after ODF, Dr Tsofa emphasized that the biggest tool is community ownership and the community's understanding of the need for sanitation. He told participants that in Kilifi, the village sanitation committee goes from house to house, checks progress with latrine and brainstorms upcoming challenges etc

A participant from Ethiopia, where Community Health Workers (CHWs) play an important role in sanitation and hygiene and CLTS, wondered whether the same was true for Kenya, if CLTS formed part of the CHW package and how it gels with the other issues the CHWs address? Dr Tsofa explained that in Kenya there is an elaborate Community Health strategy, which includes a training package for the community and that it is important to find a way to balance and entrench CLTS within the other issues that CHWs are engaged in.

Workshop participants also commented on the remarkable commitment and total ownership of the CLTS process by the district health team. Dr Tsofa and others from Kenya proposed that this was due to the passionate enthusiasm and a real belief that CLTS can work. He stressed that implementation and success depend on individuals and that, similar to the Natural Leaders at village level, institutional champions are vital. Moreover, he said, in terms of resources, the main thing with CLTS is manpower and willingness to change our own attitude, willingness to experiment with new approaches.

Robert Chambers remarked on Dr Tsofa's comparison of CLTS to a bushfire that was out of control, saying that this may actually be a very good thing. He reflected that from the beginnings of CLTS, there had been a dream that it could be a self spreading movement and that this was the first example of it really spreading on its own that he had come across. He appealed to everyone that action learning to find out what, how and why this has happened is vital in order to see if the same can be enabled to happen in other parts of Kenya, Africa and the world.

Cultural Taboos

In Kilifi, there is a traditional notion that you cannot mix the shit of relatives (inlaws) which people cite as a reason for not building or using a latrine for the homestead they live in. In response, Plan asked them whether it is better to mix shit in the toilet or in the stomach? Communities realised that it is better to have it in the toilet than in the stomach and that the cultural taboo is not such a problem after all.

BBC TVE Earth Report

The BBC/TVE Earth Report on CLTS in Bangladesh was screened to also give those who were new to CLTS a good insight into CLTS in action. For details of how to obtain a copy of the film, see Appendix 3. A clip from the film can also be viewed on youtube at <http://www.youtube.com/watch?v=kSCFJxhjNqg>

Emerging themes

Out of the presentations and discussions during the first couple of days of the workshop, several key issues and themes for further in-depth discussion emerged. Participants divided into smaller groups to work on the following questions for each topic: 1. *What are the issues?* 2. *What is already being done?* 3. *What needs to be done by who?*

CLTS Philosophy and Practice

The group came up with the following list of statements.

CLTS Philosophy

1. No human being would like to eat shit
2. Every human being has the power and ability to solve their problems
3. Communal decisions are binding
4. Human beings take pride in self-reliance
5. Elected governments are responsible for the wellbeing of its citizens

CLTS Practice

1. CLTS facilitates community to engage in self analysis
2. Triggering appeals to disgust, shame and fear
3. Emerging NLs
4. Facilitates community action planning
5. Encouragement to use local resources
6. Support for the implementation of the community action plan by the local system
7. Monitoring and Evaluation
8. ODF verification
9. Celebration
10. NL association
11. Contributing to district and national planning and policy formation

Although there was discussion about some of the underpinning beliefs and principles, participants agreed that it is good to be rooted in a philosophy and be reflective as otherwise CLTS could just become a mechanical practice: In order to move people, we need something to believe in. Some felt that more specific principles such as no-subsidy and no top down designs needed to be included in the list more explicitly.

Verification and ODF

The group discussed timing and checklists for verification of ODF. It was proposed that normally it may take communities between 3-6 month until they reach ODF.

What we need to check for ODF

- Households/homesteads with latrines, access to all family members at all times with baseline data in the village
- No open defecation in the village (no fresh shit)
- Presence of handwashing facility, its usage and soap/ash
- Number of pits with covers, vent pipes
- Mechanisms for sustainability of ODF status- does the community have by-laws, functional sanitation committee

If the above are all ok

- Certification between 2-3 months after verification exercise
- Should be 100% everywhere

Robert emphasised the importance of verification and that different issues arise depending on who is involved and how it is done. He felt that some of the best verification has been done by NLs from other communities. He warned that verification can easily become a farce if rewards are involved and that one of the biggest tests is actually how many communities are failed, not how many have been certified as this reflects how stringent verification has been. If none were failed, we need to ask if it is really credible. He urged Sammy to share the Siaya experience where verification had been very thorough.

Sammy related how in Siaya, a youth group from a community where Plan does not work called Plan in for ODF verification. Plan staff walked with them throughout the village. Plan then asked the community whether now that they had seen the situation in the village, they thought they were ODF. The community listed a number of reasons why they thought they were not, even though they had called Plan saying they were ODF. The reasons concerned mainly some of the other aspects of latrine construction, eg vent pipes, covers, handwashing stations etc that had not yet fully been addressed. The community leaders then went back to communities to discuss and rectify the issues that had come up. The important thing in this is that the community or rather their natural leaders passed the judgement themselves- they were the best experts on the matter of verification!

Rewards, incentives and motivation

This group started by reflecting on what leads people to think that we need incentives? The main reasons cited were that sanitation results are falling short of meeting the expected targets, results are not coming out clearly, there is very little interest in sanitation across the sector and a lack of knowledge in communities that is also tied in with cultural taboos. They then debated the relevance of rewards in the context of CLTS, looking at the experience of the countries represented.

What are the issues

- Sanitation results have so far fallen short of bringing results (eg MDGs)
- The traditional approach (national campaign and social mobilization- PHAST) did not facilitate the measurement of results
- Lack of common mechanism to measure the results
- Low interest in sanitation across the sector
- Lack of knowledge in the usage and construction of latrines
- Cultural taboos

What drives rewards and incentives?

- Rewards could help to maintain the interest of local leaders, politicians and the communities after they become ODF
- Help to put sanitation on the agenda of politicians

What is being done

Tanzania

- Discussion held with local leaders on the type of incentives
- Participatory checklist for competition prepared

Mozambique

- Community Approach for Total Sanitation is used as entry point for communities for hygiene promotion or to reward a community with an additional water point
- Tools to monitor and to sustain ODF status of the communities has been developed (ODF, ODF+ and ODF++) *for more details on this issue please see the Mozambique power point presentation.*
- Documentation of lessons learnt on CLTS and sanitation awards is ongoing

What needs to be done

- Incentives and rewards should not be an end in itself
- CLTS and rewards/ incentives should be balanced
- There is a need to learn from different experiences such as Tanzania, Mozambique and India.
- Rewards and incentives have potential of corrupting CLTS approach, therefore an independent audit involving government, NGOs and cooperating partners should do the verification and certification of ODF villages
- Rewards and incentives can change the attitude of communities so that they are more interested in awards rather than sanitation

The group's presentation was followed by a very heated discussion as the majority of participants felt that rewards and incentives are contrary to CLTS principles.

One participant observed that it is interesting to see that people immediately think of cash incentives when motivation, rewards etc are talked about. He drew attention to other types of incentives such as recognition? The Kenyan delegation felt strongly that no rewards or awards are needed to incentivise communities to get involved in CLTS. In Kenya, even communities that have not been triggered yet are looking forward to ODF status, because they want the minister to visit them- this recognition is the motivation for them. Another Kenyan participant said that it is important to also ensure that there is recognition not only on the national level through the minister but also through chief or the like at local level.

Others argued that with CLTS, if it is really community-led, then we cannot have incentives, because then it won't be community-led but community incentive led instead. There was a strong sense that the community should be motivated enough to develop internal motivating force when faced with the realities of their open defecation and its consequences. Why should rewards be given for something that communities themselves benefit from? If the community understands that the rewards are health benefits then there are no other incentives required. If rewards are given, we are reverting back to the old subsidy system and the associated disempowering mindsets and a culture of dependency.

Professional, Personal and Organisational Change

This topic goes to the heart of the CLTS approach which requires of all of us to examine our professional and personal attitudes. CLTS involves a behaviour change not just on the part of the communities, but also on the part of professionals working with them, whether they are government staff, NGOs, engineers or others.

1. PROFESSIONAL

- Rigidity and sticking to professional training formats disregarding community knowledge and applying standards/guidelines
- Non innovativeness
- Managers wanting things to be done their way
- Prescribing as opposed to consulting/dialogue/learning
- Professional bias and rivalry

2. PERSONAL

- Lack of Self-drive
- Lack of commitment
- Lack of passion
- Suppression by those who don't see value of the initiatives
- Mind-set
- Varied interests (Reward/incentive focused)
- Personal bias
- Misconceptions
- Value additions

3. INSTITUTIONAL

- Competition for resources/recognition
- Weak coordination mechanisms
- Bodily divorcing sanitation/hygiene from water (in allocation of resources)
- Bureaucracy (delays in service delivery)
- Donor conditionality pegged on funding
- Policies/regulations/guidelines not complementing
- Politics
- Institutional capacities are varied

4. WHAT IS BEING DONE

- Current innovations being introduced in training institutions (CLTS, is one of them)
- Orientation, on-job training, hands on ++ for practising professionals

- Legal frame works/policies/strategies being put in place
- Coordination fora for sharing & learning
- Networking & Advocacy (Resource centres & Websites)
- Institutional reforms & mandates in all sectors
- Evidence based research and documentation
- Law enforcement

5. WHAT NEEDS TO BE DONE

- Conducting stakeholders' analysis (SWOT) for synergy
- Scaling up CLTS implementation
- Identifying & mobilising relevant resources
- Recognising & involving relevant institutions in CLTS scale up (Govt, CSOs, NGOs, CBOs Private sector & Community)
- Soliciting/ Advocating for political will/support
- Developing/reviewing policies/guidelines/strategies to incorporate CLTS
- Reviewing relevant training curricula to include CLTS and other participatory methodologies
- Reviewing relevant training curricula to include CLTS and other participatory methodologies
- Reviewing existing participatory tools to incorporate CLTS
- Conducting a cost benefit analysis
- Conducting cost benefit studies
- Organising learning events

6. BY WHOM

- Government as key player
- NGOs
- Communities
- Public Sector
- Academic Institutions
- Research Institutions
- Partners in Development
- Private sector

During the discussion that followed the group's presentation, the question of donor mindsets and their focus on targets and numbers of latrines arose. Participants wondered how to best convince donors to pay for facilitation and training rather than hardware as this involves a huge organisational mindset change. It was proposed that we need to get donors to understand the timeframe required for CLTS implementation and how this fits with targets, in order to avoid pushing or using rewards to achieve things quickly whilst missing out on quality and leaving the community behind in terms of ownership and sustainability. It was suggested that there is a need to talk about a national coordinating forum for CLTS and also a kind of coordination forum for donors so that they understand CLTS better. Most donors are more conversant with water and when it comes to sanitation, they may not understand that some things are not physical (hardware, latrines, etc) and require a different kind of approach.

Robert encouraged participants to share their experiences of taking someone who is sceptical into the field either to go through training or participate in triggering as this often is the turning point and can make passionate champions out of opponents.

It was also pointed out that donors get better value for money with CLTS. This is something that needs to be better documented and elaborated. One participant argued that with CLTS less money is needed but that we are stuck with the big budgets given by donors. However, Robert asked whether we are really making sure that donors are not throwing a lot of money into the wrong areas of sanitation and forcing us to go for costly alternatives that are not in line with the principles of CLTS? He emphasised that it is not just the donors that are to blame for this culture but also NGOs who are keen to get money from donors.

As the discussions had focused mainly on the organisational mind change required, Petra stressed that we also need to focus much more on the personal sphere. It is easy to tell other people that they need to change but the hardest bit is to change ourselves. Therefore we need to constantly reflect on whether we are really doing what is in accordance with CLTS, or whether, even if we are CLTS supporters, we are also falling back into teaching mode, are telling communities how things need to be done etc

Going to Scale: Quality of training and facilitation

What are the issues?

- As more and more interest is generated in the CLTS approach, how do we meet the need for good quality facilitators?
- As the approach spreads how do you ensure there is follow up and support capacity and Monitoring and Evaluation mechanisms?
- Scale up at national level – how do we get all concerned actors to buy into the approach? Advocacy / communication at national level is crucial if scale up is to be achieved!
- Facilitation is key to CLTS – how do we ensure that the quality is maintained? Examples given of participants at trainings who were very poor facilitators.
- Who gets trained?
- Who decides who is a “good facilitator”,
- Excellent facilitators are not always available

What is being done?

- In Nigeria the rural water supply and sanitation agency is responsible for monitoring and collating
- Zambia used a three pronged approach to facilitation (and monitoring) with civic, traditional and technical leaders - this was found to be effective in making sure all bases were covered.
- At each level from village to district there are structures in place that are used to monitor quality (e.g. school clubs report, sanitation action group, who report to village headmen grouping of that zone and upwards to the district) – *NB* these are *existing* structure not parallel systems

What needs to be done?

Facilitation and Training

- Government need to be in the driving seat

One lesson above all else is that the success of CLTS depends on passionate, committed champions. The challenge and opportunity lies in finding, encouraging and supporting these champions.
(Robert Chambers)

- Work within existing (government) structures
- Champions need to be identified within institutions- they cannot be external consultants: Possibilities of periodic regional trainings (such as the UNICEF / Plan trainings in 2008)
- Network / list of regionally available trainers (including natural leaders)
- Training in Public Health Institutions for graduating students to build a cadre.
- Involve combination government counterparts, NGO partners etc in trainings to build human resource base
- Regional information sharing network on who is doing what where – what training are coming up, to allow for other countries to participate
- Trainings must be hands on and must be accompanied, minimum length of training 5 days
- Peer reviews and quarterly reflection meetings
- Good practice and innovations need to be captured and shared
- Allow room for doubt during trainings
- Regional, accessible information hubs – upcoming trainings, good practice, documentation etc
-

Other

- Costing
- Documentation and dissemination of CLTS
- Identify entry points and opportunities for raising profile e.g. world toilet day
- Developing a media strategy – keep CLTS in the news
- Exchange visits (districts)
- Collaboration between stakeholders

Who are we monitoring for? Is the fear that communities will “go it alone” really a concern or is it related to institutions not wanting to let go, or wanting too much control?

Participatory M&E, Action Research and Documentation

What are the issues?

All the different country experiences need to be documented. There is no need to repeat the mistakes conducted in Bangladesh or other areas. We should learn from them. The baseline information is critical. We need to know the starting level. Where are we? Monitoring is so huge. You can't go out counting the number of toilets in the whole district?

Where are we?

M& E is being carried out but still not enough.

What is being done now?

- Community maps, triggering reports
- Stakeholders – Community health workers, Chiefs, Village CLTS committees, Village headmen.

Areas of monitoring (Numbers, access, knowledge, attitudes and practices)

- Number/Access/use of toilets
- Hand washing/hygiene practices
- Water quality (at technical level)
- Health –especially WATSAN data (right from dispensary level)
- The CLTS process (what stage, successes, setbacks)
- Verification process (traditional levels)

Where?

LEVELS

Sub-village	Register
Village	Register
Health centres	Health data (HMIS) –Water quality
Communities (S)	CLTS coordinators (Outcomes---Hardware, Behaviour change)
Wards	
District	District Coordinators
Region/Province	
National	

Areas for Action-Learning Research.

- Impact of CHWS on CLTS on the process
- Sustainability of different approaches
- Action-learning research at all levels (pre-triggering, triggering, post triggering and scaling up).
- Training follow up on quality, impact and number of communities that are ODF.
- How different is CLTS compared to other approaches.
- Behaviour change –impact on other areas of open discussion of shit.
- Sustainability of behaviour communication messages.
- Role of women/children in CLTS
- Mix with other approaches i.e. PHAST, Sanitation Marketing
- CLTS in schools, institutions and public places
- The cost-benefit analysis of sanitation compared to cost of medical care.
- Livelihoods options for CLTS.

Documentation.

- Currently inadequate but CLTS is still new and therefore under development.
- Practitioners need information/experience from diverse geographical and cultural backgrounds.
- CLTS website
- Need to spread the word locally in villages, eg through Chief, town crier, local media/health centres
- Varied media for promotion, videos, posters, publicity.
- Tailor make information to different audiences and their needs

Subsequent discussion touched on new tools for monitoring that have become available such as *Google Earth* which could potentially be very good for monitoring and advocacy.

Participants agreed that it is crucial to be honest when sharing experiences. It is important to not only talk about successes but also where and why CLTS hasn't worked as this is where we can learn the most. It was also pointed out that it is good practice to

share information not only with others but also with the communities themselves and to ask them what the most significant changes have been.

PREPARATION FOR FIELD VISITS

In preparation for the field visits to five different communities on Thursday 12th of March, staff from the District Health Office in Msambweni and Kwale.

Njenga Ndiba, the DPHO of Msambweni gave an overview of CLTS (see also powerpoint at <http://www.slideshare.net/secret/dRnDy9YTpM0MyH>) in the district where CLTS was introduced in April 2008 in Fikirini village. The triggering was initially not effective as it did not generate fear, shame and disgust. The faecal material used for the triggering had been dry and been mistaken for sand.

Subsequently three other villages were triggered in November 2008. The latest status of these villages is that none are yet ODF but 126 latrines are under construction which is an increase of 87 latrines. Latrine coverage as of February 2009 is 31.5%.

“Whatever the community identifies as a priority, they will be able to do.” *Njenga Ndiba*

Njenga touched upon the challenges that Msambweni is facing, citing various physical

conditions such as loose soils, rocky areas and high water tables as well the high dependency created by past development programmes, the restraints of limited resources for follow up and monitoring and the size of villages which are quite large and therefore sometimes difficult to manage.

He told the story of how communities had asked to be given tools for digging because of the rocky soil conditions. District health office staff had confronted them and asked how they dug the wells that they have. Did they get help for those? It emerged that the

communities already have tools to do deal with the rocky soil, for instance, a method involving the use of fire and water to wear down the rock. Similarly, when someone dies, they are buried in the ground and the rocky soil does not seem to pose a big problem then, so it should not be a problem when it comes to latrine construction. This illustrates how the community can and needs to come up with their own solutions in order not

“Mr. Sanitation in Kenya no longer hikes lifts to attend development agenda meetings in the community. He no longer rides in vehicles such as subsidies or luxurious models called HANDOUTS. He now has his own vehicle which makes him command RESPECT at the community development meeting...”

A BRAND NEW CLTS

Njenga Ndiba , DPHO Msambweni, Kenya

to once again create a dependency on NGOs or Ministry of Health staff or others.

Njenga finished with some ideas for ways forward, including the mainstreaming of CLTS into the District Health Office’s community strategy. He said it was vital to mobilise follow up and monitoring of triggered villages from sector partners and local sources.

Msambweni aims to trigger at least 15 villages in 2009.

Redempta Muendo, SPHO of Kwale told the story of CLTS in her district. (see also powerpoint at <http://www.slideshare.net/secret/fPcCSLvgY2xXBy>) CLTS was introduced last year. District health officers had been introduced to CLTS by Plan staff and accompanied them into the field to see triggering, before being trained in the approach.

Kwale has a population of 144,534 and sanitation coverage lay at 42.7% in July 2007. The challenge that has been set by the Ministry of Public Health is a 5% improvement. Efforts are being supported by the District Health Management Team, the District Executive Committee, Plan Kwale and Aga Khan Health Services.

Redempta explained that social status data is being collected, starting with community members who have gone to school. Once these groups have been reached, it is easier to work out how to reach others. When chiefs and teachers have to explain why they do not have a latrine, a sense of shame and embarrassment is created.

Communities are being told: “you do it how you think it is right as it is you who does not want to eat shit” (eg regarding what materials they have to use for latrine construction etc)

Redempta Muendo

Plan Kwale, in collaboration with the District Health Office have developed a monitoring form that tracks the number of latrines before and after triggering as well as ODF status. Data flows from CLTS committee or Community Health Workers to Public Health staff at dispensary level via division to the district on a monthly basis. 19 villages have been triggered so far, two of which have reported ODF. Another 11 villages have shown an interest in CLTS. *For detailed statistics of progress in the different villages, see powerpoint.*

The workshop was honoured to have two Natural Leaders from the area present on the days before and after the field visits. Jimmy and Eliakim from Kilifi told the story of their involvement. In their area, CLTS had started through a youth training workshop which Plan held in October 2008. Participants came from 7 villages and went on to trigger 3 villages. They spoke of the ways in which CLTS boosts the community's behaviour change through self discovery and how it built on the tradition of communal cultivation of cultivation when the rainy season comes. This system had been adapted for latrine building, so that people went to one homestead to work on a latrine, then moved on to the next. One of the main challenges Jimmy and Eliakim identified is seasonality, eg when cultivation time arrives, people often abandon latrine construction. The activities these two Natural Leaders are involved in are part of a youth group funded by DFID and represent another aspect of CLTS, with community members not NGOs or government taking the lead.

Day 4: 12th March 2009

On the fourth day of the workshop, Thursday 12th March, participants had the opportunity to visit communities in Kilifi and Kwale district and observe the progress that has been made with CLTS. The villages visited are all at different stages of implementation and ODF:

Villages visited

Mpendakula, Kilifi: CLTS implementation in progress

Chumani, Kilifi : Triggering has been done by youth

Ngamani, Kilifi : ODF certification already achieved

Mazumalume, Kwale: ODF verification to take place during the visit

Mabokomi (in Majoreni), Kwale: Triggering to take place during the visit

After the field visits, participants reported back what they had picked up and reflected on the lessons for their own work as well as possible recommendations for Kilifi, based on their own country's experience. Some of the lessons and recommendations are listed in the table below.

Lessons	Recommendations
<i>Public Health Workers had a role</i>	<i>CLTS builds on any existing initiatives</i>
<i>Elders effective</i>	<i>Continuous follow up</i>
<i>Varied designs</i>	<i>Need Natural Leaders</i>
<i>Quick impact of ODF (hospital complains)</i>	<i>Other problems to be tackled</i>
<i>From sanitation to other activities</i>	<i>Be careful about gatekeepers</i>
<i>CHW from village went to triggering and then inspired village on her own- their earlier training was important</i>	<i>Facilitators to clarify their roles before going to the community in order to avoid confusion</i>
<i>Engage most of the population especially women</i>	<i>Health workers not to use their own targets as this dilutes the meaning of CLTS</i>
<i>Be clear at rapport stage</i>	<i>Find better ways of engaging women</i>
<i>Take out gatekeepers (chief)</i>	<i>Integrate children and take their roles</i>
<i>Children analysed separately and presented back</i>	<i>Make informal seating arrangements, not high table</i>
<i>Outsiders can make triggering more difficult, should not be a big group, situation should be natural</i>	<i>Avoid expectations, eg from outside groups</i>
<i>In triggering seize opportunities</i>	<i>Mentor facilitators</i>
<i>Be clear about purpose (we have come to learn)</i>	<i>Pre-triggering is important</i>
<i>Unfavourable when a history of help (VIP latrines)</i>	<i>Ensure that setting is natural (observers and visitors may distort)</i>
<i>Committee regular meetings and minutes that team sees</i>	<i>Give minimum guidelines for action plan</i>
<i>Customs can change: in laws do now share</i>	<i>Choose favourable conditions</i>
<i>Stick and string to show latrine is free/occupied</i>	<i>Ensure gender balance in committee</i>
<i>Self help group can be significant</i>	<i>Emphasise hygiene in triggering</i>
<i>Immediate temporary measures can be taken after triggering</i>	<i>Villages should be given around 3 months after verification to work on what is not right</i>
<i>Seasonality</i>	<i>Train NLs in hygiene</i>
<i>Clearing bushes near households</i>	<i>Support to maintain momentum</i>
<i>Continuous triggering ('how many shit in the open today?')</i>	<i>Locations do own planning for spread</i>
<i>'Aim properly' sign</i>	<i>Latrine covers needed for ODF</i>
<i>Soils used for building walls etc</i>	<i>Transfer map to paper or board for monitoring</i>
<i>Recognise difficulties and sacrifices of natural leaders</i>	<i>CLTS as entry point, empowerment, community decides</i>
<i>Kilifi Town is sharing process and potential of urban CLTS</i>	<i>Continuous triggering</i>

<i>Build on successes</i>	<i>Encourage ash/soap</i>
<i>Inter-community exchange</i>	<i>Siting with care- water supplies/wells (30 metres)</i>
<i>Don't give up</i>	<i>Relate to ringworm and other diseases as well</i>
	<i>Vent pipes- explore (bamboo)</i>
	<i>Trigger hamlet by hamlet</i>
	<i>Explore arborloo</i>
	<i>A bicycle for natural leaders to move around</i>
	<i>Reflection with Natural Leaders</i>
	<i>Develop monitoring with/by community</i>
	<i>When? Ask them!</i>
	<i>Pre-triggering</i>
	<i>Apprenticeship of facilitators (they accompany other experienced facilitators and watch, then get to try themselves and are mentored, gradually building up skills and knowledge)</i>

Sharing of experience in Homa Bay (see also powerpoint at <http://www.slideshare.net/secret/gil6gpE5K8arAT>)

Philip Otieno from Plan presented an overview of the uptake and progress with CLTS in Homa Bay.

Three trainings had taken place for Plan staff (July 2007), Ministry of Water and Ministry of Health officials (November 2007) and Assistant Chiefs, Ministry of Health officials and Programme Staff (September 2008), training a total number of 72 people.

16 Villages have been triggered in Homa Bay so far.

However, as Philip reported, the challenges that emerged in the process showed that there were a number of wrong assumptions:

1. Good triggering will result in rapid adoption of the concept by the community.
2. CLTS only needs to be ignited and it will spread like bush fire in the community.
3. To achieve quick results CLTS should be rolled out in as many villages as possible.
4. The sanitation committee formed after CLTS trigger can on their own oversee the attainment of ODF status in their village.
5. GOK personnel will enthusiastically support CLTS efforts.

Some of the main challenges for CLTS in Homa Bay had included the poor soil conditions such as collapsing soil or hard rock. It had also been found that there were a number of widows, old men and women who were unable to put up latrines and that cultural issues had also surfaced and obstructed latrine building. The latter included taboos concerning the use of the same latrine by in-laws. The presence of large areas of uncultivated land available for open defecation had also obstructed progress with CLTS. The programme found that the Ministry of Public Health had not been giving the necessary support. Moreover, some community members did not prioritize latrine construction and others still expected to receive subsidy from external donors to put up latrines. It was found that competing needs such as hunger changed people's priorities and moved latrine construction a long way down the list.

Nevertheless, Philip also had some achievements to share. The rate of open defecation has decreased slowly as the awareness of the harmful effects of open defecation has increased. The CLTS 'effect' has spilled over to some neighboring villages, who are in turn putting up latrines. In some communities, solidarity groups have formed to support each other in digging pits.

- Water borne diseases incidences have reduced. This they have confirmed from the reported cases at the nearest health facility.
- During funerals community members make it a priority to provide sanitary facilities
- Use of ashes to contain bad smell and flies
- School children appreciate good sanitation practice
- Innovative ways of human waste treatment by community members (use of dry cells)

Building on lessons learned, Philip closed his presentation by suggesting ways forward. The programme's progress so far had shown how important follow-up by all stakeholders is for achieving any meaningful results in CLTS. Therefore, it makes sense to trigger only as many villages as the programme staff can follow up with in a meaningful way. Continuous encouragement and support for the sanitation committee was also seen as crucial. Inter-community exchange visits can serve as a powerful tool in influencing community members that have not done well in improving their latrines. Philip suggested that one way of dealing with non-cooperation of Public Health staff is to engage other relevant departments. Holding regular workshops with different sanitation stakeholders can provide good learning opportunities.

Philip closed by emphasising that CLTS is not a quick fix to the sanitation problem and requires patience, commitment and determination but has great potential for turning around the problem of open defecation.

Country Action Plans

Participants returned to their country groups to develop action plans for their organisation and country.

Closing remarks and reflections

Robert Chambers used the words of Barack Obama, famous son of the region, to summarise his feelings at the end of the 5 day workshop: 'Yes we **CAN**' (**C**hampions, **A**llies and **N**etworking/**N**atural Leaders).

Chief Macha from Zambia proposed the analogy that 'a child is born in Africa, that child is CLTS, let us hope it grows to ODF' and asked everyone present to talk to at least one person when they returned to their own country and to spread the word about CLTS.

Sammy Musyoki from Plan Kenya emphasised that the best way for CLTS to move forward and spread is not through more manuals and guidelines or through expensive training events but through seeing and doing it in practice, going through the process: '**Shit itself is the manual**'.

Amsalu Negussie reflected that CLTS had started with a big ambition and that we have come far but haven't yet reached our goal. He felt that CLTS is a movement that is moving fast but not yet founded on knowledge. He emphasised the need for deep-rooted

action research to know more and proposed that IDS has an important role to play not only in networking and action research but in working with African institutions to develop action research together and to institutionalise it. The aim, he said, was to develop a knowledge based foundation for CLTS, global recognition and acceptance by all.

Jacqueline Jumbe and *Salim Mvurya* thanked everyone and assured participants that their feedback is going to help improve CLTS in Kenya. They suggested that CLTS is a social movement now, with different levels of adoption and many challenges, but that it is precisely this which makes community development beautiful. For the, the critical question now is how CLTS can also address other sectors in development beyond sanitation, eg poverty.

All participants acknowledged and thanked the two Natural Leaders who were present, *Jimmy* and *Eliakim*, who represented all the communities in Kwale and Kilifi, who had opened their gates to the workshop participants during the field visits. Special thanks was also given to the government, who, as Robert Chambers put it, had shown us 'what good work can be done by government'.

John Kariuki closed the workshop saying that this had been a wonderful event, well organised and active throughout.

Annexes

Annex 1: Participants List

Annex 2: International Glossary of Shit

Annex 3: Useful Resources on CLTS

Annex 1: List of Participants

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Annex 2: International Glossary of Shit

Word	Language	Country
Mai	Kikamba/Kikuyu	Kenya
Mavi	Kiswahili	Kenya
Bbi	Luganda	Uganda
Ngachin	Turkana	Kenya
Kamafwi	Bukusu	Kenya
Cócó	Portuguese	Mozambique
Amabi	Kikisii	Kenya
Mavi	Kitaita	Kenya
Chieth	Luo	Kenya
Mavh	Kiduruma	Kenya
Manyi	Ehichewa	Malawi
Mavi	Chitumbuka	Malawi
Are	Amharic	Ethiopia
Shiya	Wolaita	Ethiopia
Acin	Ateso	Uganda
Kaka	Creole	Sierra Leone
Amazi	Kiaaya	Tanzania
Kelkel	Tigriga	Eritrea
Matudzi	Sena	Mozambique
Matximba	Shangana	Mozambique
Inkik	Maasai	Kenya
Amabyi	Kinyarwahda	Rwanda
Mazi	Tonga	Zambia
Maafi	Chagga	Tanzania
Emi	Idoma	Nigeria
Kaashi	Hausa	Nigeria
Nshi	Ibo	Nigeria
Rebam	Ufia	Nigeria
<i>To be continued</i>		

Annex 3: Useful Resources on CLTS

CLTS website www.communityledtotalsanitation.org

Publications

These and many other publications and materials are available to download on the CLTS website. To join the CLTS mailing list and receive updates on new additions to the website as well as any other CLTS-related news, please contact Petra Bongartz (P.Bongartz@ids.ac.uk)

Ahmed, Shafiul Ahmed (2009) *Community Led Total Sanitation in Bangladesh: Chronicles of a People's Movement*

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Sanan, Deepak (forthcoming) *CLTS: The Sanitation Story of the Millennium: The India Chapter*
<http://www.communityledtotalsanitation.org/resource/sanitation-story-millennium-india-chapter>

Films

BBC/TVE Earth Report Part 1 'Top Down Bottom Up' (Bangladesh)

To order a copy contact Dina Junkermann, TVE, distribution manager: tel. +44 20 7901 8834, dina.junkermann@tve.org.uk

A clip from the film can also be viewed on youtube at <http://www.youtube.com/watch?v=kSCFJxhjNqg>

Knowledge Links, Delhi has produced the following films

- No Shit Please!
- Understanding CLTS with Kamal Kar
- People and their Voices
- Ek Behtar Duniya Ke Liye (Hindi)

To order them, please contact knowledgelinks@gmail.com.

Project Concern International, Indonesia

CLTS contact: Solihin Abas abu_gowwam@yahoo.com

WSP/WASPOLA, Indonesia

Contact Pak Djoko, WSP, dwartono@worldbank.org

WSP: Awakening: The story of achieving total sanitation in Bangladesh

Part 1 <http://uk.youtube.com/watch?v=2ZOObVlirCzQ>

Part 2 <http://uk.youtube.com/watch?v=HkiCi3AEa80&feature=related>

For more information, contact: Ajith Kumar, Ckumar1@worldbank.org

WSP: Awakening Change: CLTS in Indonesia (in English and Bahasa Indonesia), available from Water and Sanitation Program - East Asia and Pacific, contact Djoko Wartono dwartono@worldbank.org

UNICEF Cambodia- CLTS (in Khmer)

Please contact Hilda Winarta hwinarta@unicef.org

Plan Sierra Leone <http://www.plan-uk.org/newsroom/clts/>

UNICEF Sierra Leone: Community Led Total Sanitation in Beautiful Salone

Contact: Francesca De Ferrari, fdeferrari@unicef.org or Darren Geist, dgeist@unicef.org

Plan Ethiopia: Community Empowerment through Community-led Total Sanitation

Please contact Matebu Tadesse Matebu.Tadesse@plan-international.org

On youtube

Plan, Bangladesh <http://uk.youtube.com/watch?v=SPtM4pZrf1g>

http://uk.youtube.com/watch?v=mOG_vUgQCDC&feature=related

WSP: Awakening: The story of achieving total sanitation in Bangladesh

Part 1 <http://uk.youtube.com/watch?v=2ZOObVlirCzQ>

Part 2 <http://uk.youtube.com/watch?v=HkiCi3AEa80&feature=related>

IRSP Pakistan <http://uk.youtube.com/watch?v=mzpR-xVH8nQ>